



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E319917**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	14-00813
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 04 - 04 - 2014	1315	31		
				N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> OF 0664
				S <input type="checkbox"/> W <input type="checkbox"/>

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	300
STATE ROUTE 9	MILE POST	

DISTANCE	OF (REFERENCE OR CROSS STREET)
MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/>	
FEET <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252101359
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LAST NAME	SWANEY	FIRST NAME	SYLVIA	MIDDLE INITIAL	Y
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STREET NEW ADDRESS	14915 38TH DR SE UNIT F3012
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CITY	BOTHELL	ST	WA	ZIP	980124205
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CDL	A	RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	SWANESY157NN	STATE	WA	SEX	F	D.O.B. MMDDYYYY	08 - 15 - 1985
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AIV3428	STATE	WA	VIN#	JNKC64F39M650252
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2009	MAKE	INFI	MODEL	G37X	STYLE	CP	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. SYLVIA SWANEY 14915 38TH DR SE BOTHELL WA 98012

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # ALLSTATE G 76 749283 12/23

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252681959
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LAST NAME	LEIFER	FIRST NAME	CLARE	MIDDLE INITIAL	D
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STREET NEW ADDRESS	5601 133RD PL NE
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CITY	MARYSVILLE	ST	WA	ZIP	982717700
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	LEIFECD524C3	STATE	WA	SEX	M	D.O.B. MMDDYYYY	02 - 23 - 1948
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	B65566U	STATE	WA	VIN#	1GCRKSE78CZ212888
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2012	MAKE	CHEV	MODEL	SILPU	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. CLARE LEIFER 528 95TH DR SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # HARTFORD CASUALTY 55 PHT299699-436493

VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	DENNIS IRWIN	BADGE OR ID #	105	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E319917**

CASE # **14-00813**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		STENER-LEVY JONAS O																
ADDRESS & PHONE #		12111 20TH ST NE LAKE STEVENS WA 982588627 2063918526						SEX	M	D.O.B. MMDDYYYY	11	-	23	-	1988			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #								SEX		D.O.B. MMDDYYYY		-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #								SEX		D.O.B. MMDDYYYY		-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

UNIT #2 was stopped in traffic on southbound State Route 9 at about the 300 block when he was struck from behind by UNIT #1. UNIT #1 was southbound on State Route 9 and failed to notice UNIT #1 had stopped for traffic. UNIT #1 was unable to stop in time and collided with UNIT #2.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

04-09-14 08:12 AM

DATED

PLACE SIGNED

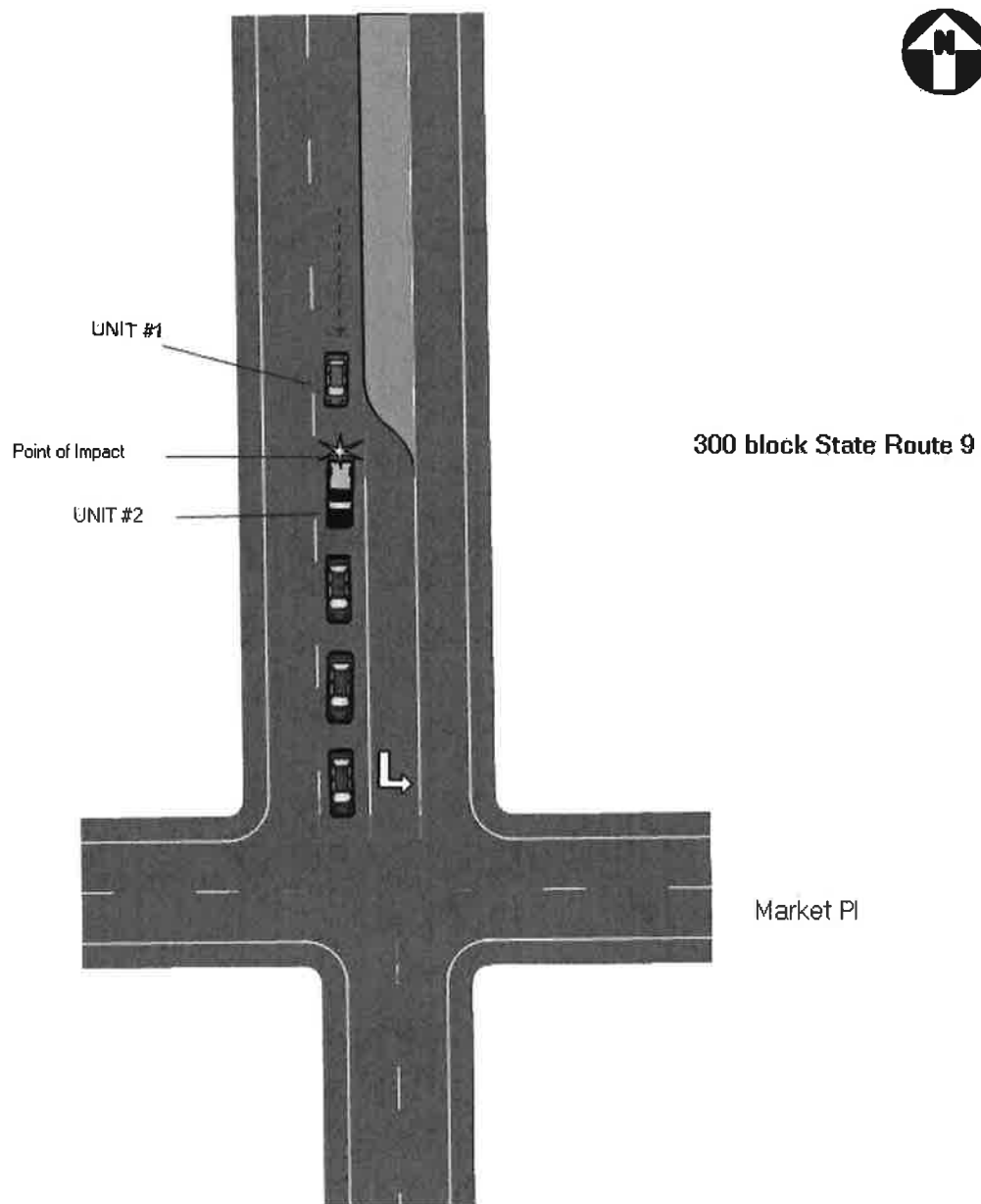
APPROVED BY

ROBERT MINER 095

DATE

4/11/2014 1:02:42 AM

BADGE OR ID #	105	ORI #	WA0311900	TIME POLICE DISPATCHED	1:20 PM	TIME POLICE ARRIVED	1:33 PM
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** not to scale **

40 MPH

Incident History for: #SS14006260 Xref: #S014053708
Case Numbers: \$SS14000813
Received 04/04/14 13:16:54 BY SPCT05 SP0285
Entered 04/04/14 13:19:24 BY SPCT05 SP0285
Dispatched 04/04/14 13:20:00 BY SPDP17 SP0120
Enroute 04/04/14 13:20:00
Onscene 04/04/14 13:33:06
Closed 04/04/14 13:56:58

Initial Type: COL Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H
Police BLK: SS003 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: SOUT
Src: 9
Loc: MARKET PL/SR 9 NE ,LKS (V)
Latitude: (+) 47.998184 Longitude: (-) 122.105656

Loc Info: ON SR 9
Name: MALE CALLER

Addr:

Phone: 4252681959

/1319 (SP0285) ENTRY , CC, NON BLKING, NON INJ, MOVING OFF RDWAY RP HU
. CB GOT VEH DESC BLK CHEVY SILVERADO VS DK GRY
PC, RP HU AGAIN.
/1320 (SP0120) DISPER 19D2 #SS105 IRWIN, OFFICER (DENNIS)
/1322 (SS105) REMINQ 19D2 MDTVEH, AHV2313, , WA, , , , , , , , , ,
/1325 REMINQ 19D2 MDTVEH, AOK5148, , WA, , , , , , , , , ,
/1330 (SP0120) CROSS #S014053708
/1330 \$CROSS #SS14006261
/1330 DUP #SS14006261
/1330 DUP NAM: TRAN13
/1333 ASNCAS 19D2 \$SS14000813
/1333 ONSCNE 19D2
/1356 (SP0200) CLEAR 19D2 D/H
/1356 CLOSE 19D2

LSPD
ORIGINAL

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number DIPWIN #105			Case Number 14-00813		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: VEH. COLLISION			Date/Time:		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					
Item # DI-1 Action # 1	Item CD		Brand Name CONTAINS DIGITAL IMAGES			Storage Location		Disposition
	Brand/Model/Caliber OF VEHICLE DAMAGE (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here
Item # Action #	Item		Brand Name			Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here
Item # Action #	Item		Brand Name			Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here
Item # Action #	Item		Brand Name			Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here
Item # Action #	Item		Brand Name			Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here
Evidence Control Use Only:								
Received by Evidence:		NCIC/WACIC ✓		Date:		CAD/RMS Checked		ROUTING: _____
Name: _____ # _____		NCIC/WACIC +		Date:		Owner Letter Sent:		White: Property Room
Date: _____ Time: _____		NCIC/WACIC -		Date:		Owner Letter Sent:		Yellow: Case File